I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Maji \$top Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Recordation Form Cover Sheet and Assignment

## 0/w Elvis De La Cruz Printed name of person mailing correspondence Signature of person mailing corresponde UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b) Attorney Docket Number 50147/003002 Applicant Larsen et al. Title RECEPTOR BINDING CONJUGATES PRIORITY INFORMATION: This application is a continuation of U.S. Patent Application Number 09/731,301, filed December 5, 2000, which claims the benefit of Norwegian Patent Application Number 19995978, filed December 6, 1999. **SMALL ENTITY STATUS:** △ Applicant claims small entity status under 37 C.F.R. § 1.27. **APPLICATION ELEMENTS:** Cover sheet 1 page Specification 16 pages Claims 4 pages Abstract 1 page **Drawings** 6 sheets Combined Declaration and Power of Attorney, which is: 3 pages □ Signed; □ Newly signed for this application; ☑ A copy from prior application 09/731,301, filed December 5, 2000, and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. Sequence Statement 0 pages Sequence Listing on Paper 0 pages Sequence Listing on Diskette 0 disk **Preliminary Amendment** 3 pages Information Disclosure Statement 3 pages Form PTO 1449 1 page Cited References 0 references

0 pages

English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$770/\$385	\$385.00
Excess Claims Fee: (24-20) 4 x \$9	\$ 36.00
Excess Independent Claims Fee: (4-3) 1 x \$43	\$ 43.00
Multiple Dependent Claims Fee: \$290/\$145	\$ 0.00
Total Fees:	\$464.00
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- ⊠ Enclosed is a check for \$464.00 to cover the total fees.
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